The U.S. House of Representatives
COMMITTEE ON RULES
Chairwoman
Louise M. Slaughter
"Each House may determine the rules of its proceedings..."
US Constitution Article I, Section 5, Clause 2

Nov 06, 2009
1:17PM

Summary of Amendments Submitted to the Rules Committee for

H.R. 3962 - Affordable Health Care for America Act

(summaries derived from information provided by sponsors)

Listed in Alphabetical Order

Nov 06, 200911:32PM

Abercrombie (HI)	#62	Would authorize a 3-year malpractice demonstration project to cover providers, who take a substantial amount of Medicaid, Medicare, and SCHIP patients, under the Federal Tort Claims Act (FTCA). In exchange, providers must meet new quality requirements such as reporting adverse events and analyzing root causes of medical error. Providers may be given preference for the program by the Secretary of Health and Human Services if they practice in medically underserved areas or specialize in health care occupations experiencing national or local shortages.
Bachmann (MN)	#156	Would strike page 24 of H.R. 3962.
Bachmann (MN)	#157	Would strike page 7 of H.R. 3962.
Bachmann (MN)	#158	Would strike page 6 of H.R. 3962.
Bachmann (MN)	#159	Would strike page 5 of H.R. 3962.
Bachmann (MN)	#160	Would strike page 4 of H.R. 3962.
Bachmann (MN)	#161	Would strike page 3 of H.R. 3962.
Bachmann (MN)	#162	Would strike page 2 of H.R. 3962.
Bachmann (MN)	#163	Would strike page 1 of H.R. 3962.

Bachmann (MN)	#164	Would insert the text of H.R. 502 as an additional tax provision in H.R. 3962, providing for the tax deductibility of all qualified health purchases.
Bachmann (MN)	#165	Would strike the requirement that Employers provide health insurance for their employees as part of their "shared responsibility" set forth in H.R. 3962. The amendment would further eliminate the penalty for non-compliance with this provision.
Bachmann (MN)	#166	Would strike the requirement that individuals purchase health insurance as part of their "shared responsibility" set forth in H.R. 3962. The amendment would further eliminate the penalty for non-compliance with this provision.
Bachmann (MN)	#167	Would strike all references to the "Public Health Insurance Option" in H.R. 3962, the Affordable Health Care for America Act.
Barrett (SC)	#138	Would mandate that all members of Congress, their staff, and political appointees in the administration participate in the public option.
Barrett (SC)	#139	There is a program in the bill that creates pilot project for liability reform state pilot projects. The bill says that any state that wants to reform tort system, their solution can't include damage caps. Our amendment would remove that exclusion. Now, a state can draft a solution with caps and receive federal funding in this pilot project.
Barrett (SC)	#140	Would "sunset" the 111 new federal programs created in this bill after 5 years. Meaning, the programs would end in 5 years unless Congress acts to reauthorize.
Barrett (SC)	#141	Would prohibit the coverage of Hyde prohibited abortions in the public option. Basically this amendment will ensure that the public option in this bill will not facilitate the practice of abortions.
Barrett (SC)	#142	Would strike the section in the bill that eliminates the nontaxable reimbursements of over-the-counter medication from health savings accounts-HSAs, HRAs, and FSAs. Basically this bill weakens HSAs.
Barrow (GA)	#216	Would modify the penalty for non-compliance with the bill's mandate that employers provide health coverage to employees.
Barton (TX)	#54	**Revised** Would strike section 1714 of the underlying bill, which is the state family planning section.

Barton (TX)	#57	**Revised** Would provide that no additional federal funds shall be made available to the Account or the public health insurance option unless such additional funds are the result of actions by both the House of Representatives and the Senate, with at least four fifths of those voting in the affirmative.
Barton (TX)	#67	Would add a group of amendments that were accepted at the Committee on Energy and Commerce's full committee markup and were stripped from H.R. 3962 and not included in the managers amendment to H.R. 3962.
Berkley (NV)	#188	Would change the payment amounts for CPT codes 76075 and 76077 (relating to dual energy x-ray absorptiometry (DXA)), and any successor to such codes furnished during 2010 and 2011. The payments would be set at 70 percent of the 2006 reimbursement rates for these services.
Biggert (IL)	#112	Would improve the waste, fraud, and abuse prevention provisions of H.R. 3962 by strengthening the Medicare enrollment process, expanding certain standards of participation, and reducing erroneous payments. The amendment also gives law enforcement agencies additional tools to pursue fraudulent providers, suppliers, and billing agencies.
Blackburn (TN)	#117	Protects current health coverage upon implementation of H. R. 3962.
Blackburn (TN)	#118	Prohibits H.R. 3962 from imposing unfunded mandates on states.
Blackburn (TN)	#119	Protects against excess spending in H.R. 3962.
Blackburn (TN)	#120	Federal government is a precluded from passing any law that would give it authority to ration health care for the American people.
Blackburn (TN)	#121	Nothing shall preclude an individual from purchasing or maintaining insurance qualifying for Health Savings Account deposits and nothing shall interfere with their ability to continue to make deposits according to the schedule created in the 2006 HSA legislation.
Blackburn (TN)	#122	Prohibits establishment of government plan or exchange until the HHS Secretary certifies that the establishment of such will not (directly or indirectly) cause the cost of the average price of private health insurance premiums to increase.

Boehner (OH)	#9	**Substitute** Creates Universal Access Programs that expand and reform high-risk pools and reinsurance programs to guarantee that all Americans, regardless of pre-existing conditions or past illnesses, have access to affordable care — while lowering costs for all Americans. It prevents insurers from unjustly canceling a policy or instituting annual or lifetime spending caps. The amendment puts in place medical liability reforms and gives small businesses the power to pool together and offer health care at lower prices. In addition, the legislation provides incentive payments to states that reduce premiums and the number of uninsured. The bill allows Americans living in one state to shop for coverage and purchase insurance in another. The legislation explicitly prohibits all Federal funds, whether they are authorized funds or appropriated funds, from being used to pay for abortion. The amendment creates new incentives to save for future and long-term care needs by allowing qualified participants to use HSAs to pay premiums.
Boswell (IA), Loebsack (IA), Braley (IA)	#45	Would make the Medicare area wage index for hospital inpatient services one percent.
Boustany (LA)	#25	Would define “suicide,” “assisted suicide,” “euthanasia,” and “mercy killing” to model the Assisted Suicide Funding Restriction Act of 1997 (Public Law 105-12), regardless of the definition of these terms under state law. This would prevent the end-of-life planning provisions in H.R. 3962 (sections 240 and 1233) from compelling federal taxpayers to facilitate assisted suicide.
Brady, Kevin (TX)	#82	Would express the sense of the Congress on the future insolvency of the Medicare program. Would prohibit any cost savings from the Medicare program derived from implementation of this Act from being diverted to other, non-Medicare spending.
Brady, Kevin (TX)	#83	Would suspend new taxes imposed by HR 3962 (including the individual mandate tax, the employer mandate tax, and the surtax on families and businesses making over $350,000 a year) unless GAO certifies the taxes will not: Reduce small business jobs; increase overseas outsourcing or shifting of full-time jobs to part-time or contract jobs (in response to employer mandates); or reduce take home pay for low and moderate income families. The amendment would also suspend new taxes on wages imposed by HR 3962 in a state if the state unemployment rate exceeds 8.5 percent ("super-high") for any period.

Brady, Kevin (TX)	#84	Would require the Secretary of HHS to evaluate methods for allocating care coordination resources, including: 1) statistical methods to identify types of care that have a higher likelihood of being inefficient/ineffective due to poor/limited coordination of care; 2) methods to focus care coordination resources on populations and circumstances that can most benefit from increased access to care coordination resources. The Secretary may use measures developed under this section to provide payment or other incentives to focus care coordination efforts.
Brady, Kevin (TX)	#85	Would express the sense of Congress that prior to voting on this bill, each Member will certify in the Congressional Record that he/she has read the entire bill.
Brady, Kevin (TX)	#86	Would require the Health Choices Commissioner to collect data on individual patient wait times for obtaining an appointment with a health care provider within the Health Insurance Exchange. Would require the Commissioner to report data on wait times on a public web site.
Brady, Kevin (TX)	#87	Would beginning in 2013 and for each year following suspend any provision of the bill that is not fully offset over the next ten year period.
Brady, Kevin (TX)	#88	Because the type and scope of any impact from restricting physician ownership in full-service hospitals is unknown, the amendment strikes the provision expanding the restrictions to full-service and rural hospitals. It requires a study by the Institute of Medicine (in collaboration with CMS) that pulls together data identified by MedPAC and others as necessary for determining the extent and impact of physician ownership of full-service hospitals on non-physician owned hospitals, together with recommendations for regulatory or legislative measures based on the study.
Brady, Kevin (TX)	#89	Would require the Secretary to collect data on wait times for obtaining an appointment with primary care and specialty physicians in the government-run plan and private insurance plans offered through the Exchange. If enrollees in the government-run plan's wait times exceed the average wait time for enrollees in the private insurance plans, then the government-run plan would be repealed. Enrollees would be allowed to select a new plan.
Brady, Kevin (TX)	#90	Would protect American cancer patients from the potential harm caused by repealing the government-run plan if enrollees in the plan have poorer 5-year survival rates than those enrolled in private health insurance offered through the Exchange.

Brady, Kevin (TX)	#91	Would block the implementation of sections of HR 3962, including reductions to the Medicare program, in any geographic area unless the Secretary of HHS certifies that implementation will not result in: rationing of health care services; reduced health care services for seniors; longer patient wait times; or reduced availability of health care providers participating in the Medicare program.
Braley (IA)	#204	Would address outlier payments in home health, reduces the cuts to home health currently in H.R. 3962, and creates demonstration projects on chronic health and tele-medicine.
Broun (GA)	#191	Would strike page 27.
Broun (GA)	#192	Would strike page 50.
Broun (GA)	#193	Would strike page 26.
Broun (GA)	#194	Would strike page 29.
Broun (GA)	#195	Would strike page 31.
Broun (GA)	#196	Would strike page 28.
Broun (GA)	#197	Would strike page 30.
Brown-Waite (FL)	#68	Would require that all cuts to Medicare in HR 3962 be reinvested back into the Medicare program.
Burgess (TX)	#22	Would require that to have a qualified state plan under the Medicaid program states must pay providers at least 75% of the payment rate paid to a provider under the state employees plan or the Federal Employees Health Benefit Plan (FEHBP) most chosen by families. For dental & vision services, in the case where such services are covered under a state employee plan, providers must be paid at 75% of the rate paid under the plan. In the case where supplemental dental and vision services are not offered to a state employee providers must be paid at a rate of 75 % of the rate paid by the supplemental (vision & dental) FEHBP plan most often chosen by families.
Burgess (TX)	#23	Would give states one year to submit to the Secretary of Health and Human Services a plan to bring their state plan into compliance with statute - those that do receive a $1,000,000 bonus, those that can demonstrate they are already in compliance receive another $1,000,000 bonus. Under statute, Medicaid is the payer of last resort, meaning that all other parties (private insurance, Medicare, etc.) must pay first. Those states that do not submit or are found to be in non-compliance with statute would see their Federal Medical Assistance Percentage (FMAP) reduced.

Burgess (TX)	#24	Would require that the bill's expansion of Medicaid would be contingent within a state on the state certifying to the Secretary of Health & Human Services that there is access to an adequate level of pediatricians, pediatric specialists (including pediatric mental health specialists), and pediatric sub-specialists for targeted low-income children covered under the State plan.
Burgess (TX)	#26	Would make Members of Congress a mandatory covered population under Title XIX of the Social Security Act (Medicaid) without consideration of any other asset or qualification test. Family members of Members of Congress are not impacted and remain eligible for the Federal Employees Health Benefit Plan (FEHBP).
Burgess (TX)	#27	Would direct the Congressional Budget Office (CBO) to yearly calculate the coverage levels achieved under the bill as well as project out the cost of the legislation for the following 100 years.
Burgess (TX)	#28	Would prohibit the public insurance option created under the bill from using the U.S. Treasury as a means for a Capitol Reserve Fund.
Burgess (TX)	#29	Would allow insurance carriers to “rate” or charge more for an insurance policy to those who engage in tobacco use. However, insurance carriers could only vary premiums for such use by a ratio of 1.5 to 1.
Burgess (TX)	#30	Would enact a national approach to medical liability reform that includes a trifurcated cap non-economic damages against healthcare practitioners and institutions, require expert reports for Civil Actions, ensure expert opinions relating to physicians may only be provided by actively practicing physicians and places limitations on liability for Good Samaritans providing Emergency Health Care - among other reforms.
Buyer (IN)	#113	Amendment codifies existing HIPAA regulations on employer-sponsored wellness programs and allows for premium discounts and rebates equal to 50% of the total cost of employee-only coverage under the employer’s health plan.
Buyer (IN), McKeon (CA)	#153	Would allow individuals enrolled in VA health care and TRICARE beneficiaries to be eligible for affordable tax credits.
Buyer (IN), McKeon (CA)	#154	Would ensure that nothing in this act interferes with Department of Veterans Affairs’ or Department of Defense’s existing authorities.

Buyer (IN), McKeon (CA)	#155	Would amend section 302(a) of the bill to provide that individuals enrolled in VA healthcare and individuals in enrolled or eligible TRICARE would have the option to obtain coverage through enrollment through the health insurance exchange.
Cassidy (LA)	#104	This amendment would not allow federal subsidies to be used to purchase insurance on the exchange that covers abortion services. In addition, the amendment states employers are not required to provide funds for their employees to buy an insurance policy that covers abortion services on the exchange.
Cooper (TN)	#94	Would cap the income tax exclusion for employer provided health insurance for incomes between $75,000-$125,000 ($150,000-$250,000 for joint filers) at $8000 ($21,000 for a family plan) and for incomes above $125,000 ($250,000 for joint filers) at $5,000 ($13,000 for a family plan). The cap goes into effect in 2013 and is indexed to inflation. The amendment also would create an Independent Medicare Advisory Council (IMAC) to recommend annual payment updates and payment reforms.
Deal (GA), Heller (NV), Wilson, Joe (SC), Johnson, Sam (TX)	#55	Would require the Secretary to verify that all applicants for coverage in the new National High Risk Pool created in the underlying bill are U.S. citizens and requires the Secretary to verify the identity of all applicants using the same identity verification process the DRA required for Medicaid applicants. The amendment would also incorporate the five-year waiting period for new legal permanent residents that was created by the welfare reform legislation in 1996.
Deal (GA), Heller (NV), Wilson, Joe (SC), Johnson, Sam (TX)	#56	Since the operation of the Health Insurance Exchange will be funded with taxpayer dollars, this amendment will limit participation in the Exchange to U.S. citizens and members of one of the nine groups of qualified aliens that are eligible for Medicaid. To enforce this requirement, the Health Choices Commissioner must verify that all applicants to purchase an Exchange-participating plan are qualified based on citizenship or qualified alien status, and it requires the Commissioner to verify the identity of all applicants using the same process used in Medicaid. The amendment also incorporates the five-year waiting period for new legal permanent residents that was created by the welfare reform legislation in 1996.
Deal (GA), Heller (NV), Wilson, Joe (SC), Johnson, Sam (TX)	#58	Would reiterate the current-law requirement that all applicants for Medicaid coverage are U.S. citizens and fixes a loophole in current law by requiring any state using the new Social Security Number verification system that was created by the Democrats' SCHIP reauthorization bill to also verify the applicant's identity using the same identity verification process the we created in the DRA.

Deal (GA), Heller (NV), Wilson, Joe (SC), Johnson, Sam (TX)	#60	Would require the Health Choices Commissioner to verify that all applicants for Affordability Credits are U.S. citizens (or members of one of the nine groups of qualified aliens that are eligible for Medicaid) and would require the Commissioner to verify the applicant's identity using the same identity verification process the DRA required for Medicaid applicants. The amendment also would incorporate the five-year waiting period for new legal permanent residents that was created by the welfare reform legislation in 1996.
Deal (GA)	#96	This amendment preserves the six-month extension of the ARRA FMAP increase (Section 5001 of P.L. 111-5) and would provide the same FMAP rates as the underlying bill to the states that opt to cover these new optional populations (100% FMAP until 2015 and 91% FMAP starting in 2015). Under this amendment, a state would have the option to cover all or part of these expanded optional populations (i.e., Georgia would have the option to cover people up to 133% or 140% instead of 150%).
Deal (GA)	#97	**Revised** Would remove the provisions in the underlying bill that cut $10 billion from Medicaid DSH payments to hospitals and $10.3 billion from Medicare DSH payments between 2016 and 2019.
Dent (PA)	#205	The amendment would improve the medical justice system by stabilizing compensation for injured patients, holding parties responsible for their degree of fault, ensuring that meritorious claims are swiftly resolved, reducing the practice of defensive medicine by encouraging compliance with accepted clinical practice guidelines, and guaranteeing that medical care is available to those who need it the most by providing protections to safety-net providers. Furthermore, it would provide incentives to states to adopt effective alternative medical liability laws that will reduce the number of health care lawsuits initiated, reduce the average amount of time taken to resolve lawsuits and reduce the cost of malpractice insurance.
Dingell (MI)	#8	Would allow the Secretary to work with states that have alternative programs to state high risk pools as a part of the new temporary insurance program. It would provide that if the premiums of a retiree increase by an excessive amount, as determined by the Secretary, on or before the bill's introduction date (October 29, 2009), then such retiree is eligible for the high-risk pool. It prohibits undocumented individuals from accessing assistance from the national high risk pool program with requirements for verification of citizenship or lawful presence. It establishes a process for the review and public disclosure of health insurance premium increases and justifications by the Secretary of Health and Human Services and states. It permits the Commissioner to take into consideration excessive and unjustified premium increases in making decisions regarding which insurance

companies will be permitted into the exchange and how quickly to open the exchange to employers for the purchase of insurance for their employees and provides funding for states to for this process. It clarifies that the consumer collaborative provided for in the early access health grants is a nonprofit business collaborative. It provides that the new Commissioner may permit a qualified health benefits plan to provide coverage through a qualified direct primary care medical home plan. The FTC may investigate insurance companies that are registered as not-for-profit companies. It clarifies that nothing in the Act overrides a state law governing medical malpractice cases. It repeals the McCarran-Ferguson Act insurance antitrust exemption with respect to health insurers and medical malpractice insurance. It imposes performance assessment and accountability measures on the Health Choices Administration. It provides that those women receiving Medicaid assistance only for family planning services would be eligible for the Health Insurance Exchange. It ensures that the interstate insurance compacts do not override state laws governing rate review and fraud and that compacting states determine which of the compacting state's laws serve as primary for the insurance company. It extends the Maryland all-payor cost containment waiver to the public option. It delays by 2 years a provision of the bill that eliminates the deductibility of expenses that relate to retiree prescription drug benefits that are subsidized by the federal government. It replaces a provision in the bill that delays the application of worldwide allocation of interest with a provision that deletes the allocation rule. It closes a biofuel tax credit loophole. It changes from January 1, 2010, to April 1, 2010, the effective date for Skilled Nursing Facilities classification changes. It permits approval for expansion of certain hospitals that have a high percentage of Medicaid admissions. States may agree to reimburse long-term care facilities for costs incurred in conducting background checks. It imposes quality indicators for Alzheimer's care. It imposes a 90-day wait period for new durable medical equipment suppliers to be paid if the Secretary believes there is a risk for fraud. It requires that the Medicare fraud and abuse phone number be prominently displayed on Explanation of Benefits forms. It provides for Medicaid coverage of Compact of Free Association migrants. It includes a sense of Congress regarding Medicaid coverage of community-based attendant services and supports. It includes technical appropriations provisions. It provides that the medical malpractice demonstration projects do not preempt or modify state laws on attorneys' fee limits or damage caps. It provides for a new program on mental health and substance abuse screening, intervention, referral, and recovery services. It codifies the Office of Minority Health. It requires HHS to study and eliminate any duplicative programs. It provides for diabetes screening collaboration and outreach. It also includes changes to the Indian health provisions.

Emerson (MO)	#41	Would allow U.S. licensed pharmacies and drug wholesalers to import FDA-approved medications so American consumers have a greater savings when purchasing prescription drugs.
Fleming (LA), Wilson, Joe (SC), Gingrey (GA), Herger (CA), Scalise (LA)	#1	Would automatically enroll all Members of Congress and all Senators in the public option.
Fleming (LA)	#177	Would strike page 25.
Fleming (LA)	#178	Would strike page 23.
Fleming (LA)	#179	Would strike page 22.
Fleming (LA)	#180	Would strike page 21.
Fleming (LA)	#181	Would strike page 20.
Fleming (LA)	#182	Would strike page 19.
Fleming (LA)	#185	Would strike page 18.
Fleming (LA)	#186	Would strike page 17.
Fleming (LA)	#189	Would strike page 15.
Forbes (VA)	#15	Would amend the Public Health Service Act to require reinstatement upon payment of all premiums due of group or individual health insurance coverage terminated by reason of nonpayment of premiums. This amendment would preserve the ability for consumers to reinstate their canceled benefits once they pay any back premiums. To guard against fraud, companies can impose a fee to prevent repeated non-payment and reinstatement.
Forbes (VA)	#16	Would require the Secretary of Health and Human Services to conduct and support basic and applied research to develop techniques for the isolation, derivation, production, testing, and human clinical use of stem cells that may result in improved understanding of, or treatments for, diseases and other adverse health conditions, including pluripotent stem cells that have the flexibility of embryonic stem cells, provided that such techniques will not involve: (1) the creation of a human embryo for research purposes; (2) the destruction or discarding of, or risk of injury to, a living human embryo; or (3) the use of any stem cell the derivation or provision of which would be inconsistent with this amendment.

Forbes (VA)	#17	Would require the Director of the Agency for Healthcare Research and Quality to conduct and support research, evaluations, initiatives, and demonstration projects, and provide grants or enter into contracts or cooperative agreements, to enhance the deployment of medical simulation technologies and the incorporation of such technologies and equipment into medical, nursing, allied health, podiatric, osteopathic, and dental education and training protocols. This amendment would also create nationwide centers for training, education and research.
Fortenberry (NE)	#137	Would ensure that health care entities are not forced to participate in activities that violate their moral or ethical or religious beliefs and to ensure that they are not discriminated against because they choose not to participate in those activities.
Foxx (NC)	#203	Would direct the Secretary of Health and Human Services to extend for two years the reclassification in effect during fiscal year 2009 for hospitals whose Medicare Geographic Classification Review Board reclassification changed from fiscal year 2009 to fiscal year 2010 or ended as of September 30, 2009. The affected hospitals would have 20 days from enactment and publication of this provision to notify the Secretary of their decision to extend their fiscal 2009 reclassification. This is a temporary extension; any Medicare Geographic Classification Review Board reclassification that these hospitals have or will obtain for fiscal years beyond the two year extension will remain valid.
Gingrey (GA)	#47	Would provide that Members of Congress and their staff will no longer be eligible for FEHBP and will receive their health care benefits from the public plan. If it is good enough for American citizens, it should be good enough for their elected Representatives.
Gingrey (GA)	#48	Would provide that the Individual Mandate is an unconstitutional provision that takes away American civil liberties like never before. Therefore, the amendment would require the Secretary of HHS to provide for an opt-out process from the individual mandate for every American citizen.
Gingrey (GA)	#49	Would simply say that CMS cannot user Comparative Effectiveness Research data to make coverage determinations on the basis of cost. This amendment was originally added to HR 3200 on a bipartisan basis in the Energy and Commerce Committee markup but dropped by the majority party.
Gingrey (GA)	#50	Would represent HR 1086, the HEALTH ACT, which seeks to enact medical liability reform in the states. The bill would include caps on non-economic damages and other reforms included in the CBO score that showed a $54 billion in savings over a 10 year period.

Gingrey (GA)	#51	Would simply bar non-economic damage awards for damages when a provider is following best-practice guidelines as developed by the Center for Quality Improvement.
Gingrey (GA)	#52	Would require that the Secretary of Health and Human Services shall provide for a methodology that ensures that any savings to the Medicare program resulting from HR 3962 (and amend shall be retained in the Medicare program to make seniors health care more stable and affordable.
Gingrey (GA)	#53	Would simply state that nothing in H.R. 3962 shall be construed to allow any Federal employee or political appointee to dictate how a medical provider practices medicine.
Graves (MO)	#135	Would strike the mandate and tax on employers that don't provide government approved health insurance to their employees.
Grijalva, Raul (AZ)	#32	**Withdrawn** Would amend section 323 (relating to payment rates for items and services), reinstating the provider payment language to link the rates to Medicare plus five percent (the robust public option).
Hall, Ralph (TX)	#215	Would help prevent cuts to Medicare Advantage from falling disproportionately on rural Americans. The current language in the bill would result in Medicare Advantage funding cuts in many rural areas. Medicare advantage plans have reduced unnecessary hospitalizations and readmission rates for beneficiaries with such conditions as diabetes and heart disease, leading to greater efficiency and saved costs in administered care. This amendment would help mitigate the effect of these program cuts for rural and low-income areas.
Hastings, Alcee (FL)	#5	**Withdrawn** Would direct the HHS Secretary to establish a National Commission for Improving Long-Term Care and Community Services. It requires the Commission to issue a report to the President, Congress, and the general public on how to improve long-term care and community services in the United States and U.S. territories.
Hastings, Alcee (FL)	#6	**Withdrawn** Would prohibit the federal government from stripping individuals of their Medicare, Medicaid, and SSI benefits before being convicted of a crime.
Hastings, Alcee (FL)	#7	**Withdrawn** Would allow generic drug companies that win patent challenges against brand name companies to share the 180-day generic exclusivity period with the generic company that was the first to submit a brand name patent challenge to the Food and Drug Administration.
Hastings, Doc (WA)	#34	Would strike Section 1156 of the bill, which prohibits the expansion of physician-owned hospitals.

Heller (NV)	#92	Would require that Members of Congress enroll in the government-run public health insurance plan.
Heller (NV)	#93	Would increase Americans' access to affordable healthcare by implementing meaningful medical liability reform, improving access for rural and insured patients, encouraging the use of prescription drug reimportation as a means of reducing the cost of medication, and promoting preventative care.
Hinojosa (TX)	#170	Would add a “Hold Harmless” provision to the Medicare and Medicaid DSH Reductions in HR 3692 for counties that have a 16% rate of uninsurance or greater by 2016. It would require the Secretary to compare the calculated DSH Payment made under existing law with the calculated payment made pursuant to HR 3962 and pay the greater of the two.
Hoekstra (MI)	#199	Would provide a free-market health care solution that provides affordable and accessible health care for all Americans. This bill would allow small businesses to ban together, improve Health Savings Accounts, allow for the interstate sale of health insurance plans, address pre-existing conditions, provide tax equity for individuals and reform medical liability among other provisions.
Hunter (CA)	#14	Would prohibit organizations that perform and support abortions from being identified as school-based health clinics (SBHC) from receiving federal money under concurrent grant programs, with an exception for pregnancies that are the result of rape or incest, or threaten the life of the pregnant woman.
Inglis (SC)	#31	Would subject all Members of Congress, Senators and the Vice President to the public option.
Jackson-Lee (TX)	#2	Would exempt from restrictions on physician-owned hospitals a general acute care hospital that (1) meets the criteria for a disproportionate share hospital or (2) maintains state licensure, is participating under a state plan under title XIX, does not discriminate against beneficiaries of Federal health care programs, delivers services in at least 13 of the 25 major diagnostic categories, accepts the transfer of patients from other hospitals, has an emergency department, and has an average number of emergency department visits that is higher than the statewide average.
Jackson-Lee (TX)	#3	Would amend the requirement to qualify for provider and hospital ownership exceptions to self-referral prohibition to apply to a hospital with physician investment on January 1, 2011, and with a provider agreement in effect as of such date as evidenced by complete architectural plans, a loan commitment, and compliance with local zoning requirements.

Johnson, Timothy (IL)	#147	Would establish a demonstration project that would allow participation in prevention and wellness programs to lower costs of premiums in all federal insurance plans, including the public option.
Johnson, Timothy (IL)	#148	Would provide that a financial reward for participation of an individual in a prevention and wellness program may include reductions in the premium or cost-sharing of the individual under the health benefits plan.
Johnson, Timothy (IL)	#149	Would express the sense of Congress that health care costs related to obesity, heart disease and diabetes could be lessened with increased participation in prevention and wellness programs.
Johnson, Timothy (IL)	#150	Would express the sense of Congress that health insurance providers should take into account prevention and wellness programs that the beneficiary is enrolled in when determining premium costs.
Johnson, Timothy (IL)	#151	Would require the Secretaries of Health and Human Services and Labor to submit to Congress a report evaluating potential cost-savings of basing health insurance premiums on beneficiary enrollment in employer-provided prevention and wellness programs.
Johnson, Timothy (IL)	#152	Would provide up to a $400 tax credit to employers for each employee to implement a wellness program, as well as a $400 tax credit for employees that participate in the employer-provided wellness program. The amendment would require that at least 60% of employees participate in the program.
Johnson, Hank (GA)	#169	Would 1) establish a cap for prescription drug costs at $200 out-of-pocket cost per monthly prescription and a total monthly out-of-pocket cap of $500 for all insurance plans including Medicare Part D, 2) amend the current Medicare Part D exemption process to authorize a beneficiary to request an exemption for specialty tier drugs, and 3) request two studies to be conducted by the Medicare Payment Advisory Commission (MedPAC) regarding discrimination and cost-sharing.
Johnson, Hank (GA)	#213	Would build on the underlying legislation by altering the cap on out of pocket medical expenses from $5,000 annually to $1,250 quarterly.
Kagen (WI)	#42	**Revised** Would require all entities that offer health care related products and/or services for sale to the public to openly disclose all of their prices, including on the internet. Would authorize the Secretary of HHS to investigate and prosecute violators.

King, Steve (IA)	#123	This amendment would insert the text of H.R. 3422 into the bill to provide for increase payments to so-called tweener hospitals in the Medicare program.
King, Steve (IA)	#124	This amendment would repeal Sec. 211 of PL 111-3, which watered down the citizenship documentation requirement for prospective Medicaid beneficiaries.
King, Steve (IA)	#125	This amendment would remove the individual mandate from the bill.
King, Steve (IA)	#126	Would remove Sec. 223 from the bill, which establishes the Health Benefits Advisory Committee.
King, Steve (IA)	#127	Would remove subtitle B of title III from the bill, which would establish a government-run health insurance program.
King, Steve (IA)	#128	Would remove Sec. 213 from the bill, which would require insurance companies to abide by arbitrary government rating requirements.
King, Steve (IA)	#129	Would strike the provision in the bill that would prohibit the sale of private individual health insurance policies beginning in 2013.
King, Steve (IA)	#130	Would require that beneficiaries of the insurance exchange provide proof of their citizenship.
King, Steve (IA)	#131	Would remove the employer mandate in the bill.
King, Steve (IA)	#132	Would remove the section on comparative effectiveness research from the bill.
King, Steve (IA)	#133	Would remove Sec. 1161 from the bill, a section which would bring about significant cuts in the Medicare Advantage Program.
King, Steve (IA)	#134	Would remove the bill's allowance for members of a household to receive affordability tax credits if only one person in the household is actually eligible.
King, Steve (IA)	#145	**Revised** Would remove Sec. 1701 from the bill, which would provide for a significant increase in Medicaid eligibility.
Kirk (IL)	#19	Would prohibit the federal government from regulating privately supported medicine, legally protecting the doctor-patient relationship against federal controls or rationing for care not paid for by the federal government. It would prevent the federal government from regulating the hiring practices of organizations that provide health care, but exceptions are provided to enable the federal government to manage its own operations. It would protect the right of patients to obtain health care services themselves and enables the Congress to protect the right of each American to obtain their own health care, free of government interference. It also would protect

		the rights of patients to buy health insurance, or make any other arrangements to pay for their own health care. It also would repeal the two-year Medicare kick-out of physicians in the Medicare program if they privately contract for their patients.
Kirk (IL)	#20	Would ensure that an individual purchasing insurance coverage after January 1, 2013, is exempt from the individual mandate if an insurance plan 6 months prior to implementation of the bill was less expensive than the basic health care plans under the Affordable Health Care for America Act.
Klein, Ron (FL)	#37	Would grandfather all current Medicare Advantage beneficiaries for one year by starting reductions to benchmarks in 2012—not 2011. It would also provide a hold harmless provision for Medicare Advantage plans with benchmarks at 106% of Medicare fee for service and below at the time of enactment to further grandfather roughly 2/3 of all Medicare Advantage beneficiaries from the efficiency improvements in Sec. 1161 of H.R. 3962.
LaTourette (OH)	#33	**Substitute** The amendment in the nature of a substitute inserts H.R. 956, the Health Coverage, Affordability, Responsibility, and Equity (HealthCARE) Act, which aims to expand the number of individuals and families with health insurance coverage by allowing small businesses and Americans with incomes up to 200% of the federal poverty level to have the opportunity to buy coverage through a purchasing pool arrangement modeled after the Federal Employees Health Benefit Program. It also allows States to provide coverage to eligible children under the SCHIP program without being subject to federal funding caps, and States that expand Medicaid coverage to all individuals up to 100% of the federal poverty level would have their increased costs fully subsidized through an increase in the federal matching rate (FMAP). In addition, it provides for health insurance parity for individuals with autism spectrum disorders. Lastly, the amendment makes clear that notwithstanding any other provision of law, nothing in this Act requires changing health insurance plans, none of the funds contained in this Act shall be used to perform abortions, and none of the funds contained in this Act shall be used to provide eligibility to unauthorized aliens.
Lee, Christopher (NY)	#81	Would create a 3 year/5 state medical tribunal pilot program to be administered by the Secretary of HHS.
Lummis (WY), Blackburn (TN)	#110	The amendment would give States the option of complying with the bill's mandatory expansion of State Medicaid program eligibility to individuals with incomes up to 150 percent of the federal poverty level.

Lummis (WY)	#111	The amendment would allow States to opt out of any provisions of the bill to the extent that they mandate the purchasing of health insurance by residents in such State, mandate the provision of health insurance by employers in such State, or interfere with the ability of patients to privately contract with medical providers and insurers under the laws of such State.
Matheson (UT)	#61	Would modify the legislation to develop state-based health insurance exchanges instead of creating a new federal regulatory agency to oversee a national federal exchange.
Matheson (UT)	#63	Would expand grant program for states to explore additional medical malpractice alternatives. The amendment also establishes a tiered cap on non-economic damages for medical liability cases.
Matheson (UT)	#64	Would establish a grant repayment program for pediatric sub-specialists.
Matheson (UT)	#65	Would clarify Health Savings Accounts are credible coverage plans for employers and individuals in the health insurance exchange. It would prevent individuals from receiving both subsidies and tax treatment for these plans.
Matheson (UT)	#66	Would create state-based cooperatives in lieu of the negotiated rates government option for the exchange.
McCollum (MN)	#187	Would add Neurology to the list of providers who deliver primary care services in section 1303 alongside family medicine, general internal medicine, general pediatrics, geriatrics, or obstetrics and gynecology.
McKeon (CA)	#10	Would enroll Members of Congress and their dependents in the public option.
McKeon (CA)	#11	Would impose verification requirements to prevent illegal aliens from receiving Medicare and Medicaid benefits and from obtaining coverage through the Health Insurance Exchange.
Michaud (ME)	#214	Would make wage index reclassifications for hospitals, skilled nursing facilities, and home health agencies in states with high thresholds of citizens enrolled in both Medicare and Medicaid (dual eligible). Additionally, it would allow all providers in these high dual eligible states to be reimbursed for Medicaid at Medicare rates. Finally, it would provide a waiver of clawback provision for these high dual eligible states.
Murphy, Christopher (CT)	#43	Would require Members of Congress who are covered through the Federal Employees Health Benefits Program (FEHBP) to instead purchase their health insurance through the Exchange set up by the bill.

Murphy, Tim (PA), Gingrey (GA), Fleming (LA), Roe (TN)	#105	This amendment would grant physicians, who are providing services to Medicare, Medicaid, or public plan beneficiaries, liability protection under the Federal Torts Claims Act.
Murphy, Tim (PA), Gingrey (GA), Fleming (LA), Paul (TX), Roe (TN), Burgess (TX), Boozman (AR), Broun (GA)	#106	This amendment would allow states to opt-out of the government-run insurance option. Employers and individuals within a state that opts-out would be exempt from H.R. 3962's tax provisions.
Murphy, Tim (PA), Gingrey (GA), Roe (TN), Burgess (TX)	#168	Would provide that there be no cuts to Medicare until a panel of nonpolitical designees from the specialty colleges and academies of medicine conduct a top-to-bottom review of the program.
Neugebauer (TX)	#69	Would allow insurers to continue offering Health Savings Accounts (HSAs) health care plans by ensuring the future of high deductible health care plans.
Neugebauer (TX)	#70	Would allow Association Health Care Plans (AHPs) to be formed nationally by small businesses, associations and non-profits to increase their purchasing power and achieve lower health care premiums.
Neugebauer (TX)	#71	Would prohibit abortion with Federal funds except in the cases of rape, incest or the life of the mother being in danger.
Neugebauer (TX)	#74	Would put caps on non-economic damages related to medical malpractice lawsuits.
Neugebauer (TX)	#109	Mandatory provision of Social Security account numbers and notification of mismatches and multiple uses.
Nye (VA)	#136	Would exempt children's hospitals from the cuts to disproportionate share payments (DSH) under H.R. 3962. H. R. 3962 cuts $10 billion from DSH payments, which would have a devastating effect on children's hospitals.
Paul (TX)	#72	Would provide that no American can be required to purchase health insurance or denied any federal benefits for failing to purchase health insurance. The amendment also would repeal sections of HR 3962 inconsistent with this amendment.
Paul (TX)	#73	Would provide that no Americans can be denied access to a federal health care program for failing to comply with a vaccine requirement or other type of mandatory medical treatment orders implemented as part of a federal health insurance mandate.

Paul (TX)	#75	Would restrict the ability of the Food and Drug Administration (FDA) and the Federal Trade Commission (FTC) to censor truthful health claims about the health benefits of foods and dietary supplements.
Paulsen (MN), Gerlach (PA), Lance (NJ)	#35	Would remove the medical innovation tax and replaces it with unobligated stimulus funds.
Paulsen (MN)	#36	Would require a study on the effect the medical innovation tax would have on medical innovation.
Paulsen (MN)	#38	Would exclude temporary workers from the employer mandate.
Paulsen (MN)	#39	Would clarify that nothing in this bill will diminish health care services available to veterans.
Paulsen (MN)	#40	Would provide for the use and expansion of health savings accounts.
Price, Tom (GA)	#114	Would add language protecting the private right to contract between individuals and health care providers.
Price, Tom (GA)	#115	Strikes Sec. 2401 and inserts language establishing best practice guidelines. It places limitations on noneconomic damages and punitive damages in a health care lawsuit in cases in which treatments are based on these practices.
Reichert (WA)	#116	This amendment would create a hardship exemption from the employer mandate if its compliance would result in the employer laying off employees, reducing employee wages, or prevent the hiring of new employees. The amendment requires the Treasury Department to establish documentation to verify such hardship.
Roe (TN)	#206	Would strike page 32.
Roe (TN)	#207	Would strike page 33.
Roe (TN)	#208	Would strike page 34.
Roe (TN)	#209	Would strike page 35.
Roe (TN)	#210	Would strike page 36.
Roe (TN)	#211	Would strike page 37.
Roe (TN)	#212	Would strike page 38.
Rogers, Mike (MI)	#99	This amendment would strike all the tax increases found contained in H.R. 3962.
Rogers, Mike (MI)	#100	This amendment would exclude part time workers from the bill's employer health insurance mandate.

Rogers, Mike (MI)	#101	This amendment would permit any health plan in existence before the creation of the bill's federal Exchange to be grandfathered as "qualified coverage."
Rogers, Mike (MI)	#102	This amendment would require Health Savings Accounts (HSAs) to be considered as "qualified coverage" for purposes of the individual health insurance mandate in H.R. 3962.
Rogers, Mike (MI)	#103	This amendment would require the Health Choices Commissioner to provide 90-days notice before an individual can be disenrolled from a health plan in the federal Exchange.
Rogers, Mike (MI)	#143	Would require the Secretary of HHS to certify that no seniors would lose access to their current Medicare Advantage plan before implementing cuts contained in H.R. 3962.
Rogers, Mike (MI)	#144	Would strike all the Medicare cuts contained in H.R. 3962.
Rogers, Mike (MI)	#173	Would prohibit the federal government from using comparative effectiveness research to ration or deny care.
Scalise (LA)	#174	Would require the FDA to follow the major rule-making process for any rule or guidance issued by the agency regarding the harvesting, processing, or transportation of any seafood, including molluscan shellfish.
Scalise (LA)	#175	Would sunset the bill after 4 years.
Scalise (LA)	#176	Would require the HHS Secretary, in consultation with the Commissioner of Internal Revenue, to certify that nothing in the bill will result in a tax increase for individuals with an AGI of less than $250,000 in order for the provisions in the bill to be implemented
Schock (IL)	#98	The amendment would provide refundable tax credits to individuals with incomes of 200% of the federal poverty level for the purpose of purchasing health insurance in the individual market. It also provides a pre-tax, above the line deduction for families with incomes above 200% FPL for the purpose of purchasing health insurance in the individual market.
Schrader (OR)	#183	Would eliminate subsidies for those at and above 300% of the Federal Poverty Level (FPL). This amendment would also increase the initial premium percentage for those between 150%-200% FPL from 3.0% to 5.7% and the final premium percentage from 5.5% to 6.8%. This amendment would also eliminate cost sharing subsidies for those at 200%-300% FPL, and pay 100% of the cost share for those at 100%-200% FPL.
Schrader (OR)	#184	Would strike Sec. 3143(e)(2) from the bill.

Sessions (TX)	#190	Would not allow any of the provisions of this bill to be implemented if the OMB, in consultation with the Department of Labor find that 4 million jobs will be lost as a result of this bill.
Shadegg (AZ)	#171	**Substitute** Would strike the underlying bill and allow individuals to purchase health care across through individual membership associations. Savings would be allocated to the Secretary of Health and Human Services to create a voucher program to help individuals purchase health care.
Shadegg (AZ)	#172	**Substitute** Would strike the underlying bill and allow individuals to purchase health care across state lines. Savings would be allocated to the Secretary of Health and Human Services to create a voucher program to help individuals purchase health care.
Shadegg (AZ)	#198	Would provide a civil remedy for those who allege wrong-doing by their insurance company.
Souder (IN)	#4	Would eliminate section 552, which imposes a 2.5 percent excise tax on sales of medical devices.
Stearns (FL)	#59	Would strike the current language in Section 202 of the Bill, which prevents Americans from keeping their current health insurance if they like it and replace it with language that will allow Americans to keep what they have.
Stearns (FL)	#76	Would require the co-equal heads of the three branches of government- the President, Congress and Supreme Court Justices to be enrolled in the Public Option.
Stearns (FL)	#77	Would require any individual who wishes access to the Health Exchange or Affordability Tax Credits to provide documentation of citizenship or nationality.
Stearns (FL)	#78	Would strike section 552 which taxes medical devices.
Stearns (FL)	#79	Would require that any written, visual or audio materials distributed through a covered official, entity or program shall be in English only.
Stearns (FL)	#80	Would allow individuals to deduct that cost of medical care and prescription drugs from their income taxes above the line.
Stupak (MI)	#107	The amendment provides the option of allowing employees to buy into the Federal Health Benefits Plan that is offered to all Members of Congress.

Stupak (MI), Ellsworth (IN), Pitts (PA), Smith, Christopher (NJ), Kaptur (OH), Dahlkemper (PA)	#108	**Revised** The amendment codifies the Hyde Amendment in H. R. 3962. The amendment will prohibit federal funds for abortion services in the public option. It also prohibits individuals who receive affordability credits from purchasing a plan that provides elective abortions. However, it allows individuals, both who receive affordability credits and who do not, to separately purchase with their own funds to purchase plans that cover elective abortions. It also clarifies that private plans may still offer elective abortions.
Sullivan (OK)	#95	Would strike the current sub-section (a) language and place it with language that would allow the Secretary to establish, in each Service Area, programs involving the prevention of domestic violence and the treatment of Indian victims of such violence or sexual abuse.
Terry (NE), Blunt (MO), Gingrey (GA), Inglis (SC)	#44	Would remove the President, Vice President and Members of Congress from FEHBP eligibility and make them only eligible for the public option.
Terry (NE)	#46	**Substitute** Would give all Americans access to a health exchange with plans similar to those offered through the Federal Employee Health Benefits Program (FEHBP).
Thornberry (TX)	#18	Would establish a Commission on Billing Codes and Forms Simplification that is tasked with working with Medicare and the medical community to standardize, and simplify, billing practices while protecting patient privacy. The Commission would also study electronic forms and billing practices with the same goals in mind.
Walden (OR)	#12	Would help ensure that the new Health Benefits Advisory Committee established in H.R. 3962 accurately represents the interests of rural Americans. Currently 21 percent of the total U.S. population lives in rural areas, so this amendment would require that at least one quarter of the Committee's members be practitioners who have legitimate experience practicing in a rural area for at least a five-year period preceding their appointment.
Walden (OR)	#13	Would help ensure that the demographics of the Medicare Payment Advisory Commission (MedPAC) more accurately represent the demographics of Medicare recipients. Since 26% of Medicare recipients reside in rural areas, this amendment would require that at least 26% (approximately 5 commissioners) of MedPAC's commissioners have significant experience practicing in a rural area be in order to more appropriately represent the Medicare population and its needs.

Weiner (NY), Conyers (MI), Engel (NY), Baldwin, Tammy (WI), Doyle (PA), Rush (IL), Schakowsky (IL), Welch (VT), Edwards, Donna (MD)	#21	**Substitute Withdrawn** The amendment in the nature of a substitute would replace the current health care bill with a single-payer system.
Welch (VT), Tanner (TN)	#200	HR 3962 extends hold harmless protection under Medicare's hospital outpatient prospective payment system for sole community hospitals with 100 or fewer beds. This amendment extends hold harmless protection for two years for all sole community hospitals, regardless of bed size.
Welch (VT)	#201	Would prohibit applicable manufacturers or distributors under the Physician Payment Sunshine Act from offering or giving any gift to a covered recipient, with exceptions.
Welch (VT)	#202	Would authorize the Center for Medicare and Medicaid Innovation to test models under which states fully integrate care for full-benefit dual eligible individuals in the state.
Wittman (VA)	#146	Would exclude certain free standing hospitals, including children's hospitals, from Medicaid Disproportionate Share Hospital payment reductions.

House Committee on Rules
H-312 The Capitol
Washington, DC 20515
202-225-9091